



**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
**UNDERGROUND INJECTION CONTROL PROGRAM**  
**235 PROMENADE STREET, 2<sup>ND</sup> Floor**  
**PROVIDENCE, RI 02908-5767**  
**(401) 222-6820**

**PERMANENT CLOSURE APPLICATION FOR SHALLOW INJECTION WELL FACILITIES**

- Fee: \$200.00
- Submit a non-refundable check payable to  
“General Treasurer, State of RI.”
- Reference the “Underground Injection Control  
Program Rules and Regulations” and the “Rules and  
Regulations Governing the Establishment of Various  
Fees.”

A: Date of application: \_\_\_\_\_

UIC Facility I.D.: \_\_\_\_\_

FOR DEM USE ONLY	
<div style="text-align: right; margin-bottom: 10px;">Amount Paid: _____</div> <div style="text-align: right; margin-bottom: 10px;">Check #: _____</div> <div style="text-align: right;">App. #: _____</div>	<div style="margin-bottom: 10px;"><u>Date Received</u></div>

B: Proposed date of shallow injection well closure: \_\_\_\_\_  
(Reminder: This date must be confirmed by phone with DEM at least **3 business days** in advance of the closure.)

C: Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

D: Facility Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town/State: \_\_\_\_\_

E: Facility Operator: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town/State: \_\_\_\_\_

F: FIRM/CONTRACTOR TO PERFORM SHALLOW INJECTION WELL CLOSURE WORK

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Phone Number: \_\_\_\_\_

G: FIRM/CONSULTANT TO PERFORM WELL CLOSURE ACTIVITIES (check one)

\_\_\_\_\_Professional Engineer      \_\_\_\_\_Certified Professional Geologist

\_\_\_\_\_Other;      **A statement of qualifications must be submitted with this application.**

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Contact Person/PhoneNumber:\_\_\_\_\_

H: DESCRIPTION OF SHALLOW INJECTION WELL SYSTEM TO BE CLOSED

1. Type of shallow injection well (drywell, galley, septic system, etc.):

\_\_\_\_\_

2. Size of shallow injection well system (dimensions and capacity, if applicable):

\_\_\_\_\_

3. Nature of all past and present fluids discharged to the shallow injection well:

\_\_\_\_\_

4. Type of water supply at the facility (public well, private well, municipal, etc.):

\_\_\_\_\_

5. Date of shallow injection well construction:\_\_\_\_\_

6. Average/maximum volume of wastewater discharged to the shallow injection well per day:

\_\_\_\_\_

7. Describe any proposed test(s) or measurement(s) to be made:\_\_\_\_\_

\_\_\_\_\_

8. Nature and approximate quantity of backfill material to be used in closure:

\_\_\_\_\_

I. In addition to the above description the following must be submitted:

1. An outline of the closure procedure and activities to be undertaken (i.e., field screening, sampling, contaminated soil disposal, etc.);
2. A site plan of the facility with the following:
  - (a) location of buildings, property boundary lines, and abutting street with nearest utility pole number;
  - (b) location of shallow injection well(s) and all drains, drain lines, drywells, cesspools, or septic systems at the facility;
  - (c) location of drinking water well(s) on the property, and any neighboring drinking water wells or public water supplies within 500 feet of the shallow injection well;
  - (d) plat and lot number (from local tax assessor record maps);
  - (e) location of monitoring wells (if applicable); and
  - (f) a locus map with a north arrow;
3. Proposal for an acceptable alternative for disposal of waste fluids, if the discharge process is to continue. The alternative must comply with all state or federal regulations such that no violation or future violation of the groundwater quality standards, in accordance with the Rules and Regulations for Groundwater Quality, August 1996 and amendments thereto, will result;
4. A written copy of the analytical data from a sample of soil or sludge from the final discharge point of the shallow injection well, tested for the appropriate parameters, as required by the Department (for closure in-place);
5. Identification of the sample location on the lab reporting form (if applicable);
6. Any proposed remediation activities (if applicable);
7. A written copy of the analytical test results of any manifested liquid and/or sludge from the shallow injection well.

J. Have these shallow injection wells ever been used to dispose of hazardous materials?

\_\_\_\_\_ YES    \_\_\_\_\_ NO

If yes, provide data (attach information if necessary):

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K. After the closure(s) have been completed on the well(s) listed, will there be **any** shallow injection wells remaining in existence at this facility? \_\_\_\_\_YES \_\_\_\_\_NO

L. Will any new **shallow injection well(s)** be installed on the site? \_\_\_\_\_YES \_\_\_\_\_NO

**NOTE:** A UIC Closure Report summarizing all activities performed to complete closure of the shallow injection well system(s) must be submitted to the UIC Program within 30 days of the actual date of closure. The UIC Closure Report must also include analytical testing results from closure confirmatory sampling and any manifests/bills of lading for the disposal of all contaminated soil, sludge, and wastewater generated by UIC closure activities.

#### **CERTIFICATION BY FACILITY OWNER**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME OF OWNER: (please print) \_\_\_\_\_

SIGNATURE:\_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS:\_\_\_\_\_TELEPHONE: \_\_\_\_\_

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